IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No. A-64259-2/RMS/AMS

Anticipated Classification of
this Application:
  Class: Subclass:

Prior Application:
  Examiner: __J. Brusca__
  Art Unit: ___1631___

Box PATENT APPLICATION FEE
Assistant Commissioner for Patents
Washington, DC 20231

Sir:

This is a request for filing an
  ___ Original
  _X_ Continuation
  ___ Divisional
  ___ Continuation-in-part

application under 37 C.F.R. 1.53(b), in the name of _Garry P. Nolan and S. Michael Rothenberg_, for _Methods for Screening for Transdominant Effector Peptides and RNA Molecules_ . This _X_ continuation __ divisional __ continuation-in-part claims priority to pending application Serial No. ___08/589,109___ , filed on__January 23, 1996__ .

1.   (a) __ Enclosed is a new application.
      (b) __ Enclosed is a continuation-in-part application.
      (c) _X_ Enclosed is a copy of the prior application.

2.   (a) __ Enclosed is a new Declaration.
      (b) _X_ Enclosed is a copy of the prior executed Declaration as originally filed.
      (c) __ Enclosed is a Combined Declaration/Power of Attorney.

3.   Applicant is a small entity.

4. __x__ The filing fee is calculated below: Claims as filed in the prior application, less any claims canceled by amendment below:

	(Col. 1)	(Col.2)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
For:	No. Filed	No. Extra	Rate	Fee	Or	Rate	Fee
Basic Fee				$370.00			$740.00
Total Claims	_7_ - 20 =	_0_	_ x 9 =	$ ___	OR	_ x $18 =	$ ____
Indep Claims	_ - 3 =		_ x 40 =	$ ___	OR	_ x $80 =	$ ____
[ ] Multiple Depen Claims			+ $135 =	$ ___	OR	+ $270 =	$ ____
Total							$370.00

* If the difference in Col. 1 is less than zero, enter "0" in Col. 2.

5. __X__ The Commissioner is hereby authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 06-1300 (Order No. A64259-2/RMS/AMS).

6. __X__ A check for $_370.00_ is enclosed to pay the fees.

7. __ Cancel in this application original claims_____ of the prior application before calculating the filing fee. (At least one independent claim must be retained for filing purposes.)

8. __X__ Amend the specification by inserting before the first line the sentence:
--This is a continuation of application U.S. Serial No. 08/589,109, filed on January 23, 1996.

9. (a) __x__ Informal drawings are enclosed, _4_ sheets.
   (b) ____ Formal drawings are enclosed, __ sheets.

10. (a) ____ Priority of provisional application Serial No. ___ filed on ___ in ___ is claimed under 35 U.S.C. 119.
    (b) ____ The certified copy has been filed in prior application Serial No. _ filed on __.

11. __ An Assignment is enclosed.

12. __X__ The prior application is assigned of record to _Board of Trustees of the Leland Stanford Junior University and Rigel Pharmaceuticals, Inc._

13. __X__ The power of attorney in the prior application is to:
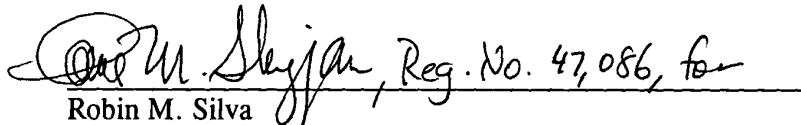
FLEHR HOHBACH TEST ALBRITTON & HERBERT, LLP

(a)_x_ The power appears in the original papers in the prior application.

(b)__ Since the power does not appear in the original papers, a copy of the power in the prior application is enclosed.

(c)_X_ Address all future communications to:

Robin M. Silva
FLEHR HOHBACH TEST ALBRITTON & HERBERT LLP
Suite 3400, Four Embarcadero Center
San Francisco, California 94111-4187
Telephone: (415) 781-1989

14.   __   A preliminary amendment is enclosed. (Claims added by this amendment have been properly numbered consecutively beginning with the number next following the highest numbered original claim in the prior application.)

15.   .__   A Prior Art Statement is enclosed.

16.   _X_   I hereby verify that the attached papers are a true duplicate of prior application Serial No. 08/589,109 as originally filed on January 23, 1996.

Date: _January 22, 2002_   _____ _M. Silva_ Reg. No. 47,086, for
                           Robin M. Silva
                           Registration No. 38,304

Address of Signer: _X_ Attorney or agent of record

Suite 3400, Four Embarcadero Center   __ Filed under Section 1.34(a)
San Francisco, California 94111-4187
Telephone: 415-781-1989

1073038.